

MEMBER REQUEST TO DEPOSIT ADDITIONAL CONTRIBUTIONS

Please refer to the Additional Contributions pamphlet before completing this form.

SECTION I – MEMBER INFORMATION (Please Print)

Last Name	First Name	MI	Date of Birth	
Mailing Address		City	State	Zip
Social Security Number		Daytime Telephone Number		Employer

SECTION II – MEMBER ELECTION AND AUTHORIZATION

In connection with my request to deposit additional contributions under RSA 100-A:16, I hereby authorize my employer to release the information identified in Section III, and furthermore, I understand this request does not obligate me to make additional contributions.

I understand that the actuarial calculation NHRS uses to determine the amount of additional contributions to be paid is based on my annual rate of compensation at the time of this request.

I acknowledge that I have received and read NHRS' Additional Contributions pamphlet.

My expected retirement age is _____. (Please list only one age. NHRS will conduct only one calculation, based on the age listed.)

My expected date of retirement is _____. (NHRS Retires members on the 1st of any given month.)

Select and sign only one choice. LEAVE THE OTHER ONE BLANK. (Refer to the Additional Contributions pamphlet for a description of each choice)

(Signature and Date) RSA 100-A:16 I, (c) (1) (50% of average final compensation at retirement)

(Signature and Date) RSA 100-A:16 I, (c) (2) (offset early retirement reduction – Group I only)

SECTION III – EMPLOYER CERTIFICATION (To be completed by the employer)

Annual rate of compensation for member identified in Section I for current plan year (July 1st – June 30th): \$_____

Member's NHRS classification: ☐ Employee ☐ Teacher ☐ Police Officer ☐ Firefighter

Will this member be making additional contributions through payroll deductions?* ☐ Yes ☐ No

NOTE: A member's additional contributions must be made with dollars that have already been taxed.

Will this employer be making additional contributions on behalf of this member?* ☐ Yes ☐ No

NOTE: If yes, an Employer Request to Deposit Additional Contributions form (CNHRS41) must be completed on behalf of the member named in Section I and forwarded to NHRS.

** If the answer to either or both questions is "Yes", the employer must report these additional contributions on an NHRS Additional Contribution Reporting form (ECR).*

(Name and Title of Person Certifying this Form) (Signature)

(Employer Name) (Employer Address) (Phone Number) (Date)

SECTION IV - ADMINISTRATIVE/BOARD ACTION (For NHRS purposes only)

<p style="text-align: center;"><u>APPROVED</u></p> <p style="text-align: center;">_____ (NHRS Executive Director)</p> <p>Date: _____</p>	<p style="text-align: center;"><u>DENIED</u></p> <p style="text-align: center;">_____ (NHRS Executive Director)</p> <p>Reason: _____</p> <p>Date: _____</p>
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